

Responses to
Acupuncturist Scope/Title Sunrise Review
Follow Up Questions on Applicant Report

Education and Examination

1. Please clarify how the NCCAOM national examination adequately tests specifically for the additional techniques proposed.

Answer: There are three exam modules administered by the NCCAOM national examination for the designation of acupuncturist, that test for the additional proposed techniques for Licensed Acupuncturists. They are the Foundations of Oriental Medicine Module; the Acupuncture with Point Location Module; and the Biomedicine Module. The majority of the additional proposed techniques, bill draft Section 1.4(1)(l)-(n), (p)-(r), are tested in section D - "Oriental Medicine Treatment, Planning, Principles, and Strategies," which makes up 39% of the total Foundations of Oriental Medicine Module exam (see Attachment 1); and section B - "Treatment," which makes up 33% of the Acupuncture with Point Location Module exam (see Attachment 2). The additional proposed technique, bill draft Section 1.4 (1)(o), is tested in section B - "Western Medical Assessment," of the Biomedicine Module, which is 60% of total Biomedicine exam (see Attachments 3 and 3A). The NCCAOM Study Guide can be found at: http://nccaom.org/exams/pdfdocs/StudyGuide/Ac_Study_Guide_Final%203.pdf (To access this link, you must copy it into your browser.)

2. You state in the applicant report that the additional modalities allow practitioners to fully utilize their training. Can you provide evidence that all the additional modalities are being taught in all acupuncture programs? In addition, are they taught at equal levels whether it is an acupuncture program or an acupuncture and oriental medicine program?

Answer: All of the modalities are found in the NCCAOM exam requirements. While the exact number of credit hours for each modality varies by institution, the three main acupuncture programs in the state meet or exceed the requirements for candidates to sit for the NCCAOM exam. Most of the additional requested modalities are taught at equal levels within the acupuncture and acupuncture and Oriental medicine (AOM) programs. Not all programs offer an additional AOM degree. The AOM programs offer additional training in herbs. Currently all students at the schools of Asian/Oriental medicine in Washington State must complete courses in Western sciences before students may enter their clinical internships. The Western sciences requirements are outlined in WAC 246-802-040. These classes are where students gain a solid foundation of basic and biomedical sciences in order to understand the implications from a conventional medical standpoint of the conditions a patient may present, and be able to communicate with practitioners from other medical fields.

In-Office Testing

1. Why does the MTS license need to be part of their scope of practice? Isn't this completely separate?

Answer: The MTS license is not part of the scope of practice, i.e., it is not in the bill draft and not included in RCW 18.06. We anticipate the details of the in-office testing will be defined in WAC; at that time the MTS license may be included if recommended by the Department. The MTS license is separate, but is included in the applicant report for a couple reasons: 1) To demonstrate that the inclusion of in-office tests is reasonable due to the fact the tests are by definition "cleared by FDA for home use, negligible likelihood of erroneous results, [and pose] no reasonable risk of harm if performed incorrectly" and therefore with the training we propose should be included in scope, and 2) By utilizing the MTS license for in-office testing by Licensed Acupuncturists public health and safety will be assured.

2. What do they intend to diagnose when doing the in-office tests?

Answer: The in-office tests will be used to confirm Asian medicine diagnoses for illnesses and conditions such as pregnancy, hematocrit, blood glucose, cholesterol, UTI, to name a few. In Asian medicine a practitioner commonly treats a patient with a combination of methods (acupuncture, body work, dietary modifications, supplements). The in-office testing will provide the practitioner with rapid test results to help direct treatment and the referral to a primary care provider.

3. The way the proposed bill is drafted; in-office testing is added to the scope of practice of **all** acupuncturists/Asian medicine practitioners, not just those who "opt-in."

- You state in the applicant report that practitioners would "opt-in" by receiving a professional development class and MTS licensure, however there is no opt-in or professional development class required in the bill draft.

Answer: Current modalities listed in scope are not defined within RCW 18.06. We anticipate working with the DOH to clarify the details of "opting-in" in rules and defining this in WAC.

- You also state all licensed acupuncturists would be grandfathered in for updates to the scope except for in-office testing; however this distinction is not made in the bill and it is unclear how it would be accomplished.

Answer: We anticipate this will be defined in WAC.

4. Will the professional development class be offered on a regular basis for new applicants to the profession?

Answer: We anticipate the class being offered at least twice a year initially.

5. It is unclear whether it is your intention to include drawing blood. This is a regulated activity requiring a license.

Answer: The drawing of blood through venipuncture is not included. The technique of bleeding is a traditional (historical and modern) technique very commonly utilized in

clinical practice, whereby a drop or several drops of blood are bled from acupoints. The common term is a “finger stick,” however, the bleeding of points in Asian medicine is not limited to fingers.

5. Please address the apparent conflict between Asian Medicine being based on “experience, learning, and traditions originating in East Asia” and the use of modern, western testing.

Answer: Asian medicine is not a static system of medicine. It is a system of medicine with roots dating back 5,000 years or more, depending on the sources quoted, and encompasses historic and contemporary modalities and procedures. One of the differences between Asian medicine and Western medicine is the name or diagnosis that is given to a particular condition. An example is the Asian medical term “blood deficiency” and the Western correlation “anemia” or “hormone deficiency,” depending on the particulars of the case. In the example of “blood deficiency/anemia,” a modern in-office diagnostic technique is the hematocrit, which provides an accurate objective clinical finding, which can then be used to confirm diagnosis and direct treatment, whether in Asian or Western based systems of medicine.

Other Modalities

1. Why were lancets added in Section 1.2(a)? What is the intended purpose for lancets? These are defined as surgical instruments used to make small incisions.

Answer: The practice of bleeding acupuncture points with lancets is usual and customary to the practice of Asian medicine and is part of the basic requirements of the NCCAOM acupuncture with point location modules content outline. The technique for bleeding a point is the same as a finger stick. Historically the bleeding of points was done with crude instruments/needles; as technology has progressed the practice has also progressed to include lancets. Lancets are commonly sold over the counter without restrictions, i.e., no prescription is needed.

2. Why is heat and cold listed as a separate modality when it is already a part of some of the other modalities? What are they doing with the heat and cold in this separate modality?

Answer: The inclusion of heat and cold is to specifically add commonly used modalities that we are trained and tested on by the NCCAOM exam. (See Attachment 2.) Specifically listing heat and cold has the effect of including them as distinct modalities instead of as vague inclusions as part of a current modality such as infra-red. The list of heat and cold includes: a) Heating lamps, b) Hydrocollator packs, c) Microwave heat pads, d) Chemical heat pads, e) Herbal heating pads, f) Spray and stretch (vapor coolant), g) Ice packs, h) Hot compresses, i) Cold compresses. We anticipate clarifying this list in rules. This list is in addition to what is in the current scope of RCW 18.06.

3. Please clarify why massage is listed as a separate modality in addition to Tui Na.

Answer: Asian massage encompasses many modalities and includes multiple terms from different languages, such as Tui na. We do not want to exclude other terms in other Asian languages that are terms for this type of treatment. We have reached an agreement with the massage therapists to use the term “Asian massage” and we are happy to do so as this term appropriately represents the training and testing we receive.

Additional Questions

1. (4)(a) in the application states there is a potential risk to the public health without the proposed standards because patients would seek unregulated medical treatments by unlicensed practitioners. Is there any data to support this statement? Is this happening now and are patients being harmed?

Answer: Question (4)(a) is specific to the creation of a new profession. Therefore, the answer is focused on the need for regulation in general and the presumption that those who are not well trained could cause harm. The “potential risk” we address refers to the new modalities being added. When the modalities are added to the scope of practice, the DOH can define and regulate them, thereby reducing risk and increasing public safety. We do not know of any cases of Licensed Acupuncturists causing harm by practicing unregulated techniques, but public health and safety is enhanced if practitioners are held to standards of practice of regulated and allowed techniques.

2. (4), 3rd paragraph, in the application states that licensed acupuncturists are experts in three areas. Is there any data to support this statement?

Answer: The in-depth training Licensed Acupuncturists receive, in most cases a minimum of three and one-half years, focuses on treating acute and chronic conditions and preventative medicine. By training, Licensed Acupuncturists are well familiar with (a minimum of) two systems of medicine, primarily Asian and Western. The nature of Asian medicine focuses on prevention and treatment of acute and chronic conditions. Common to all three of these cases is the use of nutrition and health education, including lifestyle advice. Both the National Institutes of Health (<http://nccam.nih.gov>) and the Centers for Disease Control (<http://www.cdc.gov>) have a wealth of information on the role of acupuncture and Asian medicine in public health. Therefore, given the level of training and licensing requirements we feel that Licensed Acupuncturists are experts in these areas.

4. (4)(c)(ii) in the application provides for grandfathering all current acupuncturists. What if a current practitioner is not qualified, trained, or experienced in the new modalities?

Answer: Just as with the existing scope, if a current acupuncturist is not qualified, trained, experienced in a modality, or even has a personal reason for not performing a modality, they are not required to do so. RCW 18.130.180, the Uniform Disciplinary Act, specifically addresses that Licensed Acupuncturists meet an accepted standard of care that does not result in the harm of patients. This bill will allow an expanded scope for Licensed Acupuncturists to perform those modalities for which they are trained or experienced in. This is consistent with our current regulations. As a profession Licensed Acupuncturists have an excellent safety record and we do not anticipate this

record to change. We estimate that most Licensed Acupuncturists have the training to include the majority of the proposed modalities with the exception of the in-office testing of blood and body fluids. However, the profession does have a number of practitioners who are dual licensed or have previous medical training.

5. The proposed changes in the scope of practice appear to actually create a new profession. Because of the requirements in the draft bill, sec. 1.7, what happens if a new acupuncturist doesn't want to do anything more than the current scope of practice?

Answer: With regard to the proposed changes appearing to create a new profession, new section 1.3 in the bill draft clearly states legislative intent to recognize that Licensed Acupuncturists currently practice a system of medicine, and to reflect this "the legislature intends to change the state's professional designation of acupuncturists to Asian medicine practitioners and to incorporate current statutory provisions governing acupuncture while recognizing treatments, methods, and techniques used in Asian medicine." (Ref. Bill draft S-3257.2/09 2nd draft, new section, 1.3) This change in title and the added modalities do not create a new profession, they clarify and expand upon what already exists within our statute. The change in title reflects the legislative intent. There is no requirement in RCW 18.06 that requires a practitioner to utilize all of either the existing or new modalities listed. Just as Licensed Acupuncturists tailor each treatment to the individual patient's needs, so too the practitioner can choose which modalities he or she will use. The legislation provides an expanded scope thereby increasing treatment options by the practitioner for the patient, resulting in improved health outcomes for the patients.

6. Section 1.5 of the proposed bill bars anyone else from practicing Asian Medicine. As Asian Medicine is defined in the bill with the expanded scope of practice, would this infringe on the scopes of practice for any other professions? (The only exemption provided in the proposed bill is for those selling herbal products.)

Answer: This bill would not infringe on other professions. Section 1.6 of the bill states explicitly that the bill does not prohibit or restrict any credentialed individual from performing services within that individual's scope of practice.

7. (5)(b) in the application states that there are no similar professions that have training in acupuncture or Oriental/Asian medicine that should be included or excluded. Aren't there several professions that include many of the current and proposed treatment modalities in their scope of practice?

Answer: There are some modalities that are common to other health care professions and shared with those professions. An example is massage therapy. That modality is found within the scope of practice of massage practitioners (18.108 RCW), physical therapists (RCW 18.74.010(8)), chiropractors (RCW 18.25.005), and naturopaths (RCW 18.36A020 and 040). Massage is a well documented modality for benefiting health so including it within the scope of practice of other trained health professionals who are trained in it, including Licensed Acupuncturists, will benefit the public health. There is no intent implied or stated in the bill that Licensed

Acupuncturists utilizing a “shared modality” will refer to them selves as anything other than a Licensed Acupuncturist/Asian Medicine Practitioner.

8. (2) in the application states that the current law lacks the techniques to allow licensed acupuncturists to comply with rules. Does this mean they are currently not complying with rules or statute? Doesn't this conflict with the statement that there are few complaints in this profession because if practitioners were not in compliance, there would likely be more complaints?

Answer: This statement was poorly worded on our part. Current law has been adequate to allow Licensed Acupuncturists to comply with the rules. The proposed techniques would give Licensed Acupuncturists additional tools that would greatly benefit the public health. For example, the in-office testing techniques would provide the practitioner and patients nearly immediate results and would serve to help direct the current treatment plan or the need for referral to a primary care provider. Additionally, because the rapid results allow a face-to-face consultation at the time of the appointment it provides incentive for the patient to comply with the treatment plan.

9. The application refers to dietary therapy, a term that is not defined or referenced in the proposed bill. How does this match up with “dietary advice”?

Answer: Dietary advice and dietary therapy can be used interchangeably. In the bill language we have used dietary advice.

Attachment 1
NCCAOM
FOUNDATIONS OF ORIENTAL MEDICINE MODULE
CONTENT OUTLINE

A. Questioning (6% of total exam)

(Collect relevant information from the patient)

1. Chief Complaint/Current Problem
 - a. Identifying information (e.g., name, address, phone, age, gender, marital status, occupation)
 - b. Chief/secondary complaints (e.g., frequency, severity, symptoms, onset, duration, functional changes)
 - c. History, assessment, and treatment of the current condition
 - d. Patient's treatment goals
2. Medical and Family History
 - a. Medical history (e.g., previous diagnoses, illnesses, surgeries, hospitalizations, allergies, accidents)
 - b. Family medical history
 - c. Medications (e.g., prescription, over-the-counter, herbs, dose, term of use)
 - d. Neurological symptoms (e.g., neuropathies)
 - e. Social and personal relationships and life goals
 - f. Domestic violence, including sexual abuse
 - g. Patient boundaries and concerns about physical contact
 - h. Memory and cognitive processes
 - i. Factors that interfere with data gathering (e.g., drugs, food, drink)

3. Traditional Questions and Information Gathering

- a. Sleep patterns
- b. Breathing and respirations
- c. Skin
- d. Bowel movements, digestion, appetite, and thirst
- e. Secretions and excretions (e.g., vomit, sputum)
- f. Bleeding and bruising
- g. Tastes (bitter, sour, etc.)
- h. Nutritional levels and patterns (e.g., quantity of food consumed, food supplementation, regularity of eating)
- i. Temperature (e.g., sensations of hot or cold, chills or fever)
- j. Perspiration/sweating
- k. Pain
- l. Emotions
- m. Stressors
- n. Use of alcohol, tobacco, caffeine, and non-prescription drugs
- o. Exercise and physical activity
- p. Sexual activity
- q. Libido
- r. Birth-control methods
- s. Menstrual, gynecologic and obstetric history
- t. Male reproductive health
- u. Dizziness and tinnitus
- v. Palpitations or chest constriction
- w. Vision, hearing, and speech
- x. Edema

B. Assessment (15% of total exam)

(Gather data by using the following diagnostic methods [i.e., look, listen, smell, touch) to treat health problems, promote healthy functioning, and/or enhance good health])

1. Looking

- a. General physical appearance
- b. Face
- c. Eyes
- d. Tongue
- e. Skin and complexion
- f. Nails and hands
- g. Hair
- h. Ears
- i. Spirit/Shen (e.g., expression and general behavior)
- j. Body structure (e.g., constitution, weight, structural imbalance, individual body tissues)
- k. Posture (e.g., center of gravity, imbalance between left and right, front and back)
- l. Movement (e.g., gait, fluidity, range of motion)
- m. Symptom site/local area of complaint (e.g., color, swelling, alignment, shape, location)
- n. Secretions and excretions
- o. Factors that interfere with data gathering (e.g., make-up, perfume, lighting)

2. Listening

- a. Sound/tone of voice, including volume and tonal qualities
- b. Abdominal sounds (e.g., physiological, sounds in response to the examination)
- c. Respiratory sounds (e.g., breathing and coughing, quantity and quality)
- d. Manner, pattern, theme, and content of speech
- e. Vomiting sounds
- f. Hiccups, belching

g. Joint sounds

3. Smelling

- a. General odor of body (e.g., five odors, strong and weak)
- b. Secretions and discharges
- c. Mouth/breath odor
- d. Excretions

4. Touching (palpation)

- a. Abdomen
- b. Qualities and positions of radial pulse
- c. Comparison of regional pulse sites (e.g., carotid, radial, umbilical)
- d. Channels and points (including Ashi points)
- e. Shu/Mu points
- f. Changes in temperature, moisture, texture, sensitivity, tissue structure
- g. Ears
- h. Changes in nature of pain and numbness, with palpation
- i. Passive range of motion
- j. Nodules and tumors

C. Analysis and Diagnosis (35% of total exam)

(Analyze/classify the information collected and establish an Oriental medical diagnosis by using traditional Oriental medical theories of physiology and pathology)

1. Traditional Chinese Medicine

- a. Five Phase/Element theory
- b. Yin Yang theory
- c. Channel theory
- d. Eight Extraordinary Channels theory
- e. Pathological Point findings (e.g., Kokatsu [Kori], Ashi)
- f. Eight Parameters
- g. Zang Fu theory
- h. Essential substances (Blood, Qi, Fluid, Spirit, Essence)

- i. Internal, external, and miscellaneous causes of disease
- j. Six Stages
- k. Four Divisions/Levels (Wei, Qi, Ying, Xue)
- l. San Jiao (Triple Warmer)
- m. Differentiation of disease (Bian Bing)

2. Other Traditions (e.g., Japanese, Korean, Worsley)

- a. Five Phase/Element theory
- b. Yin Yang theory
- c. Channel theory
- d. Eight Extraordinary Channels theory
- e. Pathological Point findings (e.g., Kokatsu [Kori], Ashi)
- f. Twelve Officials theory
- g. Zang Fu theory
- h. Eight Parameters
- i. Essential substances (Blood, Qi, Fluid, Spirit, Essence)
- j. Internal, external, and miscellaneous causes of disease
- k. Six Stages
- l. Four Divisions/Levels (Wei, Qi, Ying, Xue)
- m. San Jiao (Triple Warmer)
- n. Sho/Confirmation

D. Oriental Medicine Treatment, Planning, Principles, and Strategies (39% of total exam)

- 1. Formulate Treatment Principles
(Appropriate to the individual based on the diagnosis or evaluation by applying traditional Oriental medical theories)
- 2. Select Treatment Strategies
(Appropriate to the individual based on the diagnosis or evaluation by applying traditional Oriental medical theories)

3. Educate Patient

- a. Basic Oriental medicine dietary principles
- b. Basic nutritional principles
- c. Pre-treatment orientation
- d. Follow-up instructions
- e. Basic instructions/training references
- f. Basic stretching, movement, and exercise principles and techniques
- g. Basic breathing and relaxation principles and techniques
- h. Self-treatment techniques
- i. Lifestyle implications and considerations
- j. Body mechanics
- k. Ergonomics
- l. Meditation
- m. Qi Gong (i.e., explain benefits)
- n. Integration of Oriental medical theory and modern lifestyles
- o. The healing process
- p. Evaluating change

4. Treat Patient Using Bodywork Techniques

- a. Acupressure
- b. Shiatsu
- c. Tuina

E. Professional and Safety Issues (5% of total exam)

(Comply with all professional and ethical standards and professional codes of ethics that apply to practice)

1. Professional Issues

- a. Follow ethical standards (e.g., NCCAOM Code of Ethics)
- b. Maintain appropriate recordkeeping practices
- c. Observe established practice management procedures
- d. Maintain confidentiality
- e. Obtain informed consent
- f. Maintain certifications (e.g., NCCAOM, CPR)

2. Safety Issues

a. Ensure equipment
maintenance
and safety

b. Identify and implement
infection
control precautions (e.g.,
universal precautions)

Attachment 2
NCCAOM
ACUPUNCTURE WITH POINT LOCATION MODULE
CONTENT OUTLINE

A. Diagnostic Techniques and Treatment and Planning (33% of total exam)

1. Ear Diagnosis
2. Appropriate Treatment Theories
 - a. Tonification, supplementation, reinforcement, dispersion/sedation/drainage
 - b. Yin Yang theory
 - c. Channels (Meridians)
 - d. Sheng (Generation) and Ke (Control) cycles
 - e. Four Needle concept
 - f. Mu and Shu
 - g. Causative factor
 - h. Eight Extraordinary Channel theory
 - i. Six Division theory
3. Points and Sets of Points
 - a. Five Phase/Element points (Control points)
 - b. Antique points (Jing Well, Ying, Spring, etc.)
 - c. Mu (Alarm) and Shu (Associated) points
 - d. Confluent points of the Eight Extra Channels (Meridians)
 - e. Sheng (Generation) and Ke (Control) cycles
 - f. Meeting points/Hui/Influential
 - g. Entry and Exit points
 - h. Window of the Sky points
 - i. Four Needle technique
 - j. Xi-Cleft points
 - k. Yuan (Source) and Luo (Connecting) points
 - l. Aggressive energy treatment
 - m. Extra points

- n. Trigger or Motor points
 - o. Ashi points
 - p. Dong's (Tong's), Tan's (12X12) points, or Naso/Muno points/regions
 - q. 12 Channel points (primary channel points)
4. Microsystem Points
 - a. Ear points (Nogier, Chinese, NADA)
 - b. Scalp points (Chinese and YNSA)
 - c. Foot points
 - d. Wrist/Ankle points

B. Treatment (33% of total exam)

1. Identify Treatment Techniques or Modes of Administration
 - a. Identify correct point location (e.g., anatomical, proportional)
 - b. Positioning of patient
 - c. Consider anatomy to determine depth, precautions, and contraindications
 - d. Consider precautions related to treatment (e.g., intradermal needles, moxibustion, electricity, guasha, bleeding)
2. Treat Patient
 - a. Acupuncture (inserting needles)
 - b. Cups
 - c. Ear balls/seeds/pellets
 - d. Nutritional supplements
3. Apply Moxibustion

- a. Direct moxa (e.g., Chinese, nonscarring)
 - b. Indirect moxa (e.g., stick or pole moxa)
- 4. Apply Heat/Cold
 - a. Heating lamps
 - b. Hydrocollator packs
 - c. Microwave heat pads
 - d. Chemical heat pads
 - e. Herbal heating pads
 - f. Spray and stretch (vapor coolant)
 - g. Ice packs
 - h. Hot compresses
 - i. Cold compresses
 - j. Other methods
- 5. Electroacupuncture
- 6. Manage Emergency Situations
 - a. Fainting
 - b. Broken needle
 - c. Stuck needle
 - d. Organ puncture (e.g., pneumothorax)
 - e. Burns
 - f. Bleeding
 - g. Cardiac or respiratory arrest
 - h. Other situations
- 7. Ensure Clean Needle Technique

(images)

C. Treatment Evaluation (14% of total exam)

- 1. Evaluate the Results of Treatment
(By comparing the client's/patient's condition with prior assessment(s) in order to continue, modify, or terminate treatment)
- 2. Make Appropriate Modifications and Recommendations
(Based on results of the evaluation in order to further promote/restore/maintain the client's/patient's health)
- 3. Consult with Patient on Additional Areas of Concern

D. Point Location (20% of total exam)

Attachment 3
NCCAOM
BIOMEDICINE MODULE CONTENT OUTLINE

A. Questioning (20% of total exam)

(Collect relevant information from the patient)

1. Chief Complaint/Current Problem
 - a. Current biomedical diagnosis
 - b. History, assessment, and treatment of the current condition
2. Medical and Family History
 - a. Medical history (e.g., previous diagnoses, illnesses, surgeries, hospitalizations, allergies, accidents)
 - b. Family medical history
 - c. Medications (e.g., prescription, over-the-counter, herbs, dose, term of use)
 - d. Neurological symptoms (e.g., neuropathies)
3. Traditional Questions and Information Gathering
 - a. Sleep patterns
 - b. Breathing and respirations
 - c. Skin
 - d. Bowel movements, digestion, appetite, and thirst
 - e. Secretions and excretions (e.g., vomit, sputum)
 - f. Bleeding and bruising
 - g. Tastes (bitter, sour, etc.)
 - h. Nutritional levels and patterns (e.g., quantity of food consumed, food supplementation, regularity of eating)
 - i. Temperature (e.g., sensations of hot or cold, chills or fever)
 - j. Perspiration/sweating

- k. Pain
- l. Emotions
- m. Stressors
- n. Use of alcohol, tobacco, caffeine, and non-prescription drugs
- o. Exercise and physical activity
- p. Sexual activity
- q. Libido
- r. Birth-control methods
- s. Menstrual, gynecologic and obstetric history
- t. Male reproductive health
- u. Dizziness and tinnitus
- v. Palpitations or chest constriction
- w. Vision, hearing, and speech
- x. Edema

B. Western Medical Assessment (60% of total exam)

(Consider the results of the following diagnostic evaluations, as well as knowledge of anatomy, physiology, and pathology, to help assess the patient's health status, communicate effectively with other members of the health care team, and make referrals as indicated)

1. Western Medical Assessment
 - a. Consider results of Western physical examinations
 - b. Ask patient about selfexaminations (e.g., breast, testicular)
 - c. Measure range of motion
 - d. Consider results of orthopedic and neurological tests
 - e. Consider results of laboratory

- tests (e.g., blood, stool, urine, Pap smear)
- f. Consider results of imaging tests (e.g., MRI, x-ray, CT scan, colonoscopy)

C. Legal, Professional, and Safety Issues (20% of total exam)

(Comply with all professional and ethical standards and professional codes of ethics that apply to practice)

1. Legal Issues (Follow local/state/federal laws/rules, regulations and statutes)

- a. OSHA
- b. Reporting requirements (e.g., abuse, disease transmission)
- c. Biohazard management
- d. Fire

e. Licensure

2. Professional Issues

- a. Maintain professional hygiene
- b. Use ICD codes/insurance
- c. Educate patient regarding appropriate referral to medical and social institutions

3. Safety (*Identify, manage, and take appropriate actions to emergency situations*)

- a. Fainting
- b. Burns
- c. Bleeding
- d. Cardiac or respiratory arrest (performing CPR)
- e. Anaphylaxis
- f. Other situations

Attachment 3A

NCCAOM Candidate Study Guide for the Biomedicine Module

Due to the breadth of information in the field of biomedicine, this guide is intended to assist candidates in preparing for the Biomedicine Module by narrowing the focus of study. The module assesses recognition of common biomedical clinical concepts and terms, including disease categories, and the ability to communicate effectively with other health care practitioners. This does not involve diagnosing a patient, rather it involves recognizing western disease pathology and knowing when and for what conditions an Oriental medicine practitioner should refer to a Western medicine practitioner.

Questioning the Patient: Chief Complaint, Current Problem, Medical and Family History, Traditional Questioning, and Information Gathering

1. Recognize signs and symptoms of acute illnesses (e.g., appendicitis, deep vein thrombosis, myocardial infarction, etc.) and chronic illnesses (e.g., hypothyroidism, diabetes mellitus, peripheral vascular disease, etc.) that require a referral to a Western medical practitioner.
2. Understand basic human anatomy and physiology relevant to acute and common illnesses (e.g., cardiovascular, respiratory, gastrointestinal, genitourinary, integument, musculoskeletal, endocrine, and neurological, etc.).
3. Recognize risk factors for acute and chronic illnesses (e.g., obesity, smoking, family history, etc.).
4. Understand the appropriate management of chronic illnesses (e.g., diet and lifestyle modification, regular screening for complications of the disease, regular visits with appropriate western medical practitioner, etc.).
5. Understand the potential disease consequences of chronic alcohol, tobacco, caffeine, and non-prescription drug use.

Medications

1. Pharmaceutical Categories (e.g., analgesics, antihypertensives, antidepressants, antibiotics, antihistamines, anti-inflammatories, anticoagulants, antipyretics, sedatives, diuretics, hypoglycemics, bronchodilators, corticosteroids, decongestants, etc.):
 - Understand the indications for use.
 - Understand the contraindications.
 - Understand the consequences of pharmacological intervention (side effects).
2. Most commonly used over-the-counter and prescription medications (e.g., Furosemide □, Aspirin, Lipitor □, Ativan □, Prozac □, Singulair □, Glucophage □, Vasotec □, Cipro □, Plavix □, etc.):
 - Understand the indications for use.
 - Understand the contraindications.
 - Understand the consequences of pharmacological intervention (side effects).

Western Physical Exam

1. Recognize abnormal findings from physical exam inspection and palpation that require referral to a Western medical practitioner (e.g., jaundice, skin lesions, edema, tremor, abdominal rebound tenderness, peripheral neuropathy, nuchal rigidity, etc.)

2. Understand the relevant anatomy and physiology causing the abnormal physical exam findings (e.g., hepatobiliary system causing jaundice, endocrine system causing diabetic peripheral neuropathy, neurological system causing tremor, etc.).

Self-Examinations

1. Understand purpose of regular breast and testicular self-examinations (e.g., abnormal findings, age to begin exams, frequency of performing exams, etc.).

Range of Motion

1. Recognize normal range of motion.
2. Understand the methods of measuring range of motion.
3. Recognize diseases processes associated with abnormal range of motion (e.g., degenerative joint disease, autoimmune disease, trauma, etc.).

Orthopedic and Neurological Tests

1. Understand the physical exam maneuvers used to assess for orthopedic and neurological impairment (e.g., Phalen's test, Anterior Drawer Test, McMurray Test, etc.).
2. Understand the orthopedic and neurological implications of abnormal results of physical exam maneuvers (e.g., Phalen's test for carpal tunnel syndrome, Anterior Drawer Test for Anterior Cruciate Ligament injury, etc.).
3. Recognize the level of impairment based on physical exam findings (e.g., peripheral nerve, spinal cord, spinal nerve root, etc.).
4. Understand the evaluation of reflexes (e.g., normal, hyperreflexia, hyporeflexia) and recognize the level of impairment based on reflex findings (e.g., peripheral nerve, spinal cord, spinal nerve root, etc.).
5. Understand the evaluation of cranial nerves.

Western Laboratory Tests

1. Understand the terminology associated with elevated or decreased laboratory values (e.g., anemia, thrombocytopenia, neutropenia, etc.).
2. Understand the clinical significance of abnormal values (e.g., bleeding risk, infection risk, risk of thrombosis, etc.).

Note: candidates are not responsible for memorizing the range of normal values for the laboratory tests.

3. Candidates are only responsible for the laboratory tests listed below:

a. Blood:

- Complete Blood Count (red blood cell count, hemoglobin, hematocrit, platelet count, white blood cell count, white blood cell differential).
- Basic metabolic panel (sodium, potassium, chloride, carbon dioxide, blood urea nitrogen (BUN), creatinine, glucose).
- Lipid panel (total cholesterol, LDL, HDL, triglycerides).
- Hepatic function panel (AST, ALT, bilirubin, alkaline phosphatase).
- Thyroid panel (TSH, T3, T4).

b. Urine:

- Basic urinalysis to include dipstick chemistry (pH, specific gravity, protein, glucose, ketones, nitrites, leukocytes, blood, urobilinogen) and microscopic analysis.

c. Stool (fecal fat, ova and parasites, bacteria).

Imaging Tests

1. Understand test names and uses (e.g., colonoscopy, cystoscopy, bronchoscopy, etc.).

2. Understand what can be diagnosed with each test (e.g., colonoscopy: diseases of the colon, cystoscopy: diseases of the bladder, bronchoscopy: diseases of the respiratory tract).
3. Understand which imaging tests are used in routine health screening (e.g., mammogram, colonoscopy, dual-energy x-ray absorptiometry (DEXA), etc.).
4. Understand which imaging tests are used in the initial evaluation of common illnesses (e.g., echocardiography, ultrasound, radiography, etc.).

Legal, Professional, and Safety Issues

1. Understand application of mandatory federal, state, and local laws relating to practice as a healthcare professional.
 - Reporting requirements (e.g., abuse, sexually transmitted diseases, etc.).
 - Medical decision making (e.g., informed consent, power of attorney, etc.).
 - OSHA regulations.
2. Understand the appropriate use of referrals to medical and social institutions and the correct time frame for such referrals.
3. Understand the appropriate management of blood borne and surface pathogens.
4. Understand the appropriate management of emergency situations:
 - Cardiac arrest- performing Cardiopulmonary Resuscitation (CPR).
 - Burns.
 - Anaphylaxis.
 - Bleeding.
 - Fainting.
5. Understand the rules relating to licensure.
6. Understand the definition of ICD codes.

BIOM Study Guide Rev. 1005